State of California—Health and Human Services Agency
California Department of Public Health

MARK B HORTON, MD, MSPH
Director

ARNOLD SCHWARZENEGGER
Governor

January 25, 2008

TO: Local Health Departments
Community Health Centers
Interested Private Immunization Providers and Organizations
Other Interested Community Organizations

FROM: Howard Backer, M.D., M.P.H., Chief
Immunization Branch

SUBJECT: Request for Applications (RFA) to Provide Collaborative Supplemental Efforts to Immunize High-Risk Infants and Toddlers

The California Department of Public Health (CDPH), Immunization Branch is issuing a new Request for Applications (RFA) for the project period beginning July 1, 2008 and ending June 30, 2011. All those who meet the eligibility criteria in the attached RFA are welcome to apply.

Applications must be received by 5:00 pm on February 25, 2008.

The Collaborative Project awards are intended to support effective and innovative methods to increase the up-to-date immunization status of California children and adolescents.
These funds are also intended to encourage the development of broad-based local collaborative efforts toward this goal. Therefore, the proposal must represent a collaborative effort by at least two of the following three health care provider sectors:

1. "public": local health departments;
2. "private": private immunization providers; and
3. "community": community health centers and other community organizations.

More details about the collaborative requirements are provided in the attached RFA.

The target populations for project interventions are:

- California children aged 0-24 months who are at risk for under-immunization.
- California preteens/adolescents aged 9-18 years.

- Families and contacts of young infants.
- Health care providers (other than local health departments, e.g. CHDP providers, community health centers, pediatricians, family practitioners,Ob/Gyns) who serve these children and their families, and/or
- Other partners to target the above populations (e.g., schools, colleges, hospitals, child care, caregivers and close contacts of young children, foster care agencies, child welfare programs, juvenile detention facilities).

Applications will be accepted in the specific project categories described in the attached RFA. Funds will be awarded on a competitive basis. Both new applicants and new or continuing projects by current awardees are welcome. Collaborative projects funded during the 2005-2008 cycle must reapply for funding. Please note that due to the limited funds available, not all applicants, whether continuing or new, can expect to receive funds. CDPH reserves the right to fund all or portions of a proposal, and to exclude or set funding limits for specific budget line items.

Funding requests may be made for amounts up to $200,000; the amount requested should be appropriate to the size of the population to be served. We anticipate that a total of $2.5-3 million will be available. In previous years, $4 million was available, but due to budget cuts, the amount has been reduced. Therefore, it is likely that the number of projects approved will be fewer than in previous RFA cycles. Availability of funds for each year of the funding cycle is dependent upon continued annual appropriation by the Governor and the Legislature.

Any questions not addressed in the attached RFA should be directed to the Immunization Branch Field Representative for your area. A list of Immunization Branch Field Representatives, by geographic region, is enclosed (see Appendix E).

This document and all associated files are available for download from http://www.dhs.ca.gov/ps/dcdc/izgroup/shared/IZBranchCollabProject.htm

Enclosures

cc: Immunization Branch Field Representatives, CDPH-CID-DCDC
Suanne Buggy, Deputy Director, Office of Public Affairs, CDPH-OPA
Terri Thorfinnson, JD, Acting Chief, Office of Multicultural Health, CDPH-OMH
Michael Farber, MD, Chief, Medical Policy Section, Medical Care Services DHCS-MMCD-PMPIB
Linnea Sallack, Chief, Women, Infants & Children (WIC), CDPH-CFH-WIC
Shabbir Ahmad, DVM, MS, PhD, Acting Chief, Maternal, Child, & Adolescent Health Program, CDPH-CFH-MCAH
Sandra Willburn, Chief, Primary and Rural Health Division, DHCS-PRHD
Terri Thorfinnson, JD, Chief, Office of Women's Health, DHCS-OWH

TABLE OF CONTENTS

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

Acronym	Definition
Co-CASA	Comprehensive Clinic Assessment Software Application, developed by CDC, is a tool used to assess clinic immunization coverage levels. Often used for data entry.
CASITA	A mini CASA assessment using a smaller sample of records than a CASA. Yields a point estimate that while not statistically significant does provide a rapid assessment of immunization coverage and helps identify missed opportunities and problems with documentation.
CBO	Community-Based Organization
CDPH	California Department of Public Health
CHC	Community Health Center
CHDP	Child Health and Disability Program
DTaP	Diphtheria and tetanus toxoids and acellular pertussis vaccine
HepB	Hepatitis B vaccine
Hib	Haemophilus influenzae type b vaccine
IAP	Immunization Area Project
ISI	Immunization Skills Institute. A training session, usually for medical assistants, on immunization techniques.
IZB	Immunization Branch
LHD	Local (i.e., city or county) Health Department
LQAS	Lot Quality Assurance Sampling. An LQA reviews 30 charts in the 19-35 month age cohort to rapidly assess immunization coverage levels by comparing outcomes of the sampled records to a certain threshold level.
MCAH	Maternal, Child, Adolescent Health
MMR	Measles-Mumps-Rubella vaccine
MVP	Monthly Voucher Pickup is a strategy used at Women, Infants and Children (WIC) Supplemental Nutrition program agencies to raise immunization coverage levels of under-immunized children enrolled in WIC.
RFA	Request For Applications
VFC	Vaccines For Children
WIC	Women, Infants, and Children Supplemental Nutrition Program

OVERVIEW

Background

The Vaccines for Children (VFC) program, first implemented in 1994, provided federally-purchased vaccines free of charge for all program-eligible[1] children in the United States. In addition to increasing the number of children eligible for free vaccines, VFC created substantial savings in vaccine purchase costs for California. The subsequent savings were redirected into the Immunization Initiative for local collaborative projects aimed at raising immunization rates among the highest-risk children. Contracts were awarded on a competitive basis to 22 projects that responded to the initial Request for Applications (RFA) issued by the Department of Health Services (DHS), Immunization Branch. A second RFA was initiated in 1998 and 25 contracts were awarded; a third RFA was initiated in 2002 and 26 contracts were awarded; a fourth RFA was initiated in 2005 and 24 contracts were awarded.

Purpose

To support effective and innovative methods to increase the up-to-date immunization status of California children aged 0-24 months, adolescents 9-18 years, and close contacts of young children who are at high risk for under-immunization, and to encourage the development of broad-based local collaborative efforts toward this goal.

Target Populations Defined

The target populations for project interventions are

- California children aged 0-24 months who are *at risk for under-immunization.*
- California preteens/adolescents aged 9-18 years who are at risk for under-immunization.
- Health care providers (other than local health departments, e.g. CHDP providers, community health centers, pediatricians, family practitioners, school heath centers) who serve these children and their families, and/or
- Other partners to target the above populations (e.g. schools, colleges, hospitals, health plans, child care, caregivers and close contacts of young children, foster care, juvenile detention facilities).

Children and adolescents "at risk for under-immunization" are those

- Whose families experience *barriers to health care access* (as defined below).
- Who come from families where personal and/or cultural beliefs result in avoided or delayed immunizations.
- Who are members of any group with historically low immunization rates (whether or not reasons are known).

"Barriers to health care access" include, but are not limited to:

- Geographic barriers (e.g., migratory workers, living in isolated rural areas).

[1] Children who are eligible for VFC vaccine are 18 years old or younger and meet at least one of the following criteria: (1) Medicaid-eligible; (2) Uninsured; (3) Underinsured (health insurance benefit plan does not include vaccinations); (4) American Indian or Alaska Native (as defined by the Indian Health Services Act). For more information please see http://www.vfcca.org.

- Financial barriers (e.g., homeless, poverty, undocumented status, un- or under-insured).
- Cultural barriers (e.g., immigrants from cultures with dissimilar medical practices or health beliefs, those for whom language barriers present a problem).
- Psychosocial barriers (e.g., children of teen parents, parents with mental health or substance abuse problems).

WHAT IS REQUIRED OF APPLICANTS?

Collaborative Requirement

The proposal must represent a collaborative effort by, and be co-signed by, at least two of the three sectors listed here:

1. "public": local health departments;
2. "private": private immunization providers; and
3. "community": community health centers and other key community organizations (e.g., schools, school health centers, juvenile detention facilities, foster care).

If the lead agency or individual is not from one of these sectors, the signature of the lead agency or individual must also be included. School districts, universities, community groups and other interested parties may also participate as collaborators.

Although we encourage community-wide collaboration, competing applications may be submitted by different groups offering services in the same geographical area. Agencies or individuals may participate in more than one proposal.

Fiscal Management Requirement

One of the co-signers, which must be a non-profit health care provider or county or city government entity (excluding school districts), must have the ability to fiscally manage the proposed project, including distributing funds received from CDPH to other appropriate project collaborators. The co-signer who acts as fiscal manager may use a non-profit fiscal agent.

Letter of Intent Requirement

Prospective applicants must submit a brief (one page maximum) Letter of Intent to the Immunization Branch by February 11, 2008. The process for submitting the Letter of Intent is described on page 6.

Notice of Application Requirement

Initiators of proposal applications must provide a "Notice of Application" to county or city health departments, community health centers and appropriate private immunization providers in the proposed service areas. A checklist to assist you in determining who to notify can be found in Appendix A. The reason for this requirement is two-fold. First, you are encouraged to notify all

potential stakeholders in your area so that there will be no duplication of efforts or "reinventing the wheel." Second, you are encouraged to tell local stakeholders about your proposed project so that opportunities for collaboration are maximized.

Send the notices to potential stakeholders prior to or concurrent with the submission to CDPH-IZB of your application.

HOW WILL PROJECTS BE SELECTED?

Selection Process

A review panel consisting of Immunization Branch representatives and external immunization professionals will review and rank the applications. The final determination on awards and on the amounts to be awarded will be made by the Immunization Branch. All decisions are final.

Scoring

Applications will be scored based on the following areas:

- Purpose/Objectives
- Context/Literature Review/Rationale
- Action Plan
- Evaluation/Sustainability
- Budget

Announcement of Awards

Contract awards will be announced on April 15, 2008 or as soon as possible thereafter.
For each successful applicant the State will develop a contract with only one organization or entity, which must be a non-profit health care provider and/or government entity (or the non-profit fiscal agent of the non-profit provider or government entity). This entity will be responsible for dispersing funds to other collaborators who are also to receive funding.

State contracting regulations require that contractors be paid in arrears for activities undertaken. Typically, this means that a contractor submitting an invoice at the end of each 3-month quarter receives payment during the following quarter. Those applying for funds should clearly understand that this will be the method of reimbursement from CDPH.

Milestones and Deadlines

1/25/2008	RFA released (mailed out, posted on website, etc).
2/11/2008	Letter of Intent must be received at CDPH-IZB in Richmond by 5:00 pm on this date.
2/25/2008	Applicants must send a Notice of Application to potential stakeholders prior to

or concurrent with application submission to CDPH-IZB. (See page 4 and Appendix A for more information).

2/25/2008 Applications must be received (not postmarked) at CDPH-IZB in Richmond by 5:00 pm on this date.
Applications received after deadline will not be considered.
NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED!

2/28/2008 Acknowledgement of receipt of applications will be emailed out by IZB on this date. Please note that it is the responsibility of the applicant to confirm that application was received.

4/15/2008 Contract awards will be announced. All decisions are final.

Application Procedures

1) Submit Letter of Intent by 5:00 pm on February 11, 2008.

If you intend to submit an application, submit a brief (one page) Letter of Intent to:

Leona O'Neill
California CDPH, Immunization Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804
tel: (510) 620-3737
leona.oneill@cdph.ca.gov

NOTE: Please specify a contact email address in your Letter of Intent, as acknowledgement of receipt of applications will be sent electronically.

Letters of Intent may be mailed or emailed.

2) Send Notice of Application letters to your stakeholders.

This should occur prior to or concurrent with submission of your application to CDPH-IZB.

3) Submit Application by 5:00 pm on February 25, 2008

FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.
An original and three copies of your complete application should be submitted to:

Leona O'Neill
California CDPH, Immunization Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804
Tel: (510) 620-3737

APPLICATIONS RECEIVED AFTER THE DEADLINE
-- 5:00 PM ON 2/25/08 --
WILL NOT BE CONSIDERED

WHAT PROJECTS ARE ELIGIBLE FOR FUNDING?

Project Categories

Five categories have been established for funding applications. These categories have been developed based on the experience gained by existing collaborative projects over the last several years. The last category, "Innovative and/or Existing Successful Projects Not Elsewhere Classified", is designed to encourage new ideas and strategies and to allow for possible continuation of an existing project which, while successful, does not fit into one of the other three categories. Applicants may submit a single application containing multiple project proposals in one or more of the approved categories.

Possible types of program planning data and the types of process and outcome evaluation measures which might be appropriate for projects in each category are suggested below. Since local conditions and the availability of planning data vary, specific data elements are intended only as suggestions. Additionally, each category covers a broad range of possible projects and approaches which may necessitate different evaluation methods.

All proposals should include a plan for sustainability. Reviewers will be looking for the impact that projects will have and their potential for long-term success.

Category I: Private Health Care Providers

This category includes Applications for outreach efforts aimed at private immunization providers. Projects in this category can target their efforts at physicians or their office staff (e.g., medical assistant training). Providers can include pediatricians, family physicians, Ob/Gyns interested in providing immunizations, juvenile correctional facilities, school health clinics, or other provider organizations that administer immunizations. Projects working with private physicians should include both an assessment component for determining the immunization rates of 0- to 24-month-olds or preteen adolescents in private provider offices and an education / feedback component. Efforts should be directed at providers who are not currently part of the VFC Program. This can include targeting providers that may wish to join the program (i.e. Ob/Gyns or other non-traditional providers) or providers who only accept private insurance. The assessment component should employ a formal assessment tool. Co-CASA, CASITA, or other methods of Lot Quality Assurance Sampling (LQAS) may be used. The education / feedback component should emphasize tools to improve immunization rates and reduce missed opportunities and include an effective method for delivering this information to private providers and their staff. Education or feedback should be clearly based on the results of the practice assessments.

Medical assistant trainings should follow the curriculum devised by the Immunization Skills Institute (ISI) and should be part of an overall provider education plan. Additional information on ISI can be obtained by contacting your local field representative. Immunization Branch speakers are available on

a limited basis for presentations in local areas. To schedule a Branch speaker contact your field representative or Sandra Jo Hammer, Nurse Consultant, at 510-620-3735 or at sandrajo.hammer@cdph.ca.gov.

Applicants in this category should specify the number of providers (physicians or office staff) and practices to be reached, and the quantity and demographic characteristics of the patients these practices serve. Existing data about current immunization rates should also be provided if available.

The evaluation plan for this category should be based on follow-up with provider offices or medical assistants to determine the effectiveness of the outreach. Measurements should, at a minimum, include number and type of changes implemented by participating practices or providers. Follow-up assessments of immunization rates in a sample of practices after a specified time (6-12 months) are also encouraged where feasible.

Category II: Care Coordination / Follow-up

Projects in this category can include direct care coordination with children at high risk for under-immunization, and investigative tracing of children lost to follow-up. With regard to the latter, please note that collaborative funding to local health department or community health centers is meant to "supplement, not supplant", that is, to augment rather than provide the basic clinic reminder / recall systems which are currently mandated under the terms of the County Immunization Area Project (IAP) contract and the Community Health Center funding requirements.

Applications should specify the referral source for cases; number and type of anticipated cases; demographic characteristics of the caseload; baseline immunization rates if available (e.g., clinic CASA rates); the methodology to be used for referral and tracking; and a procedure for long-term evaluative follow-up to determine when children actually were immunized. The application should provide a rationale for conducting home visits or using other labor-intensive tracking methods if these are planned. Applicants should look for ways to maximize their impact by coordinating with other programs (MCAH, WIC, community organizations, etc.), and find ways to institutionalize case management in the communities they are working with.

The evaluation portion of the application should include recordkeeping and assessment plans for determining what types of tracking procedures worked best for each type of client and the amount of staff time / cost expended per child tracked. Where data are available, outcomes should be measured by changes in Co-CASA rates at participating clinics or practices, or by comparison with another source of existing baseline data, if feasible.

This category also covers special, more intensive outreach efforts including various forms of one-to-one education with families whose children are at high risk of under-immunization. Methods such as health promoter models may be included in this category. While outreach efforts can be aimed primarily at educating at-risk families in the community, these projects can also be combined with a care coordination / follow-up approach which tracks individual children through the immunization series.

This category is not intended to replace basic community health promotion or notification efforts such as health education efforts at health fairs.

Category III: WIC

The WIC category involves collaboration with one or more local WIC agencies in the project area. For the FY 2008-2011 funding cycle, projects in this category must focus on both of the following:

1. Interventions of WIC participant immunization assessment and referral using the regional/state immunization registries, *and*
2. One or more CDPH Immunization Branch-approved "component(s)."

Approved components to this intervention include one or more of the following:

Monthly Voucher Pickup (MVP). The Monthly Voucher Pick-up (MVP) strategy is used to help provide closer follow-up and support for parents who need more assistance in getting their children immunized. Typically, this means children found upon assessment to be currently overdue for one or more immunizations are issued a one-month supply of WIC checks and assistance in obtaining immunizations until they receive the overdue immunizations. At that time, they are returned to a standard schedule of receiving 2- or 3-month supplies of WIC checks. For a sample protocol using the WIC immunization assess/refer/MVP strategy, contact Deborah Starbuck as described on page 10.

Escort of children to a co-located site for immunizations. Children found on assessment to be currently due or overdue for one or more immunizations are escorted to a co-located or nearby health care provider, clinic, mobile van, etc., for same day immunization. While "express" service is preferred, immunization—at a minimum—should be provided within a reasonable waiting period.

On-site immunizations. Children found on assessment to be currently due or overdue for one or more immunizations are provided needed immunizations on-site at the WIC center. Note: On-site immunization clinics at WIC locations, while not strongly encouraged, may be considered for funding if the projected number of children receiving services is high enough to warrant the activity. Each project proposal that includes an on-site clinic should include a backup plan in case the clinics do not reach enough children to warrant continued funding.

Other innovative strategy. WIC agencies performing immunization assessment and referral plus some component(s) not described above can be considered for funding, contingent upon their application demonstrating to the satisfaction of CDPH Immunization Branch that the intervention can truly result in a substantive increase in immunization coverage in the agencies' clienteles. Example: WIC staff working with parent of behind-schedule child to schedule appointment with provider for the needed immunization(s). Such an option might be considered for funding on an investigational basis, with appropriate evaluation built into the proposal.

WIC-related projects have the following additional requirements:

1. The two-part intervention must be applied at least at each certification / recertification for infants and children up to at least age 24 months.

2. Immunization registries are information systems that contain childhood immunization records. Applicants who receive collaborative funding will be required to use their regional or statewide immunization registry. Applicants in the WIC category must demonstrate that the local WIC agency/agencies and the immunization registry are collaborating by obtaining signatures from both the WIC agency administration and the regional immunization registry manager on the collaborative application submission. By September 1, 2008 WIC and the immunization registry will have developed a plan for WIC to use the immunization registry, and by October 1, 2008 WIC will begin to implement the plan and use the immunization registry, until fifteen (15) sites or 25,000 infants and children (or all sites, if the WIC agency has fewer than 15 sites/25,000 infants/children) are fully integrated with the registry by June 30, 2010. (Note: Please refer to www.ca-siis.org for a list of the California immunization registries; click on "Find My Registry").
3. Proposals should be directed at increasing the number of children immunized by 24 months using the following coverage criteria—4 DTaP, 3 Polio, 1 MMR, 3 Hib, and 3-4 Hepatitis B vaccine doses. Applicants must include the current immunization coverage level for the target population, the coverage level goal for each year of the grant period, and the methods proposed to achieve the goal.
4. Proposals must specify the number of children in the target age group that the project expects to reach, and the number of WIC locations to be served.
5. Health education activities can be included as a component of the project, but should not be its sole focus.
6. A quantitative evaluation component must be incorporated for all WIC-related projects. "Co-CASA" type assessments should be routinely conducted at each site, in accordance with timelines and report forms provided by CDPH Immunization Branch. Registry software can help with such assessments. Additionally, the number and demographic characteristics of children assessed, referred, and/or provided onsite immunizations should be closely monitored to determine if the project continues to effectively reach the target audience.[2]

Interested applicants can contact Deborah Starbuck in CDPH Immunization Branch at debbie.starbuck@cdph.ca.gov or 510-620-3759 for more information on WIC, for a sample protocol using the WIC immunization assess/refer/MVP strategy, for information on agencies using MVP in California (including results of parent interviews and staff focus group discussions at these agencies). It should be possible to use Co-CASA to obtain WIC data from most immunization registries during the period of funding. Instructions for using Co-CASA will be available at a later date.

---

[2] Some useful references on evaluations of WIC-Immunization interventions include:

Assess / Refer alone - Ashkar SH et al.: *Arch Pediatr Adol Med* 2003; 157: 456-462. Hoekstra EJ: *JAMA* 1999;280:1143-7. Golden R: DrPH Dissertation, UCLA School of Public Health, 1997. Birkhead GS: *JAMA* 1995;274:312-6.

Assess / Refer / Immunization Reminder Notifications - Shefer AM: *J Pub Health Mgt Pract* 2002;8:56-65. Hoekstra E: *J Pediatr* 1999;135:261-3.

Assess / Refer / Monthly Voucher Pickup – Shefer AM: *J Publ Health Mgt Practice* 2002;8:56-65. Hutchins SS: *J Publ Health Pol* 1999;20:408-24. Hoekstra EJ: *JAMA* 1998;280:1143-7. Needham D: Presentation at 31st National Immunization Conference, Atlanta, GA, May 19-22, 1997. Birkhead GS: *JAMA* 1995;274:312-6.

Category IV: Increasing Immunization Registry Participation of Medi-Cal Providers

The Immunization Branch has been working in partnership with the Medi-Cal Managed Care Division via an Immunization Collaborative Group (ICG) since 2003. Medi-Cal managed health plans from across the state are involved in this group with the objective of furthering participation of Medi-Cal providers in California's nine regionally-based immunization registries.

State-level collaborative activities have included trainings on registry benefits, legal and technical issues, and registry software demonstrations. ICG collaborating plans have sought to identify high-volume Medi-Cal managed care providers so that registry recruitment efforts can be appropriately targeted.

Applicants in this category must facilitate collaboration between a regional immunization registry and either (1) a Medi-Cal Managed Care plan or (2) Medi-Cal providers who are not part of a Medi-Cal Managed Care plan. Note that funding priority will be given to the former, in counties where a Medi-Cal Managed Care plan exists.

Strategies identified by the ICG and recommended for collaborative grants under this category include:

- Innovative provider training and recruitment strategies.
- Innovative use of incentives to increase provider participation, such as working with Medi-Cal Managed Care plans to encourage them to offer incentives to providers for immunization.
- Data entry support for entering historical patient immunization records.
- Technical support to develop flat file formats.
- Data exchange utilizing flat files either from the office system to the registry or from the registry to the office system.
- Identifying and eliminating immunization disparities in underserved, under-immunized and disadvantaged children aged 0-24 months and adolescents.

Category V: Innovative and/or Existing Successful Projects Not Elsewhere Classified

This category can be broadly interpreted to include research-oriented projects aimed at testing particular methods of increasing immunization rates, other projects that suit local needs or community-specific outreach or planning strategies, or projects not fitting one of the other four categories. Existing projects that do not fit one of the other four categories can also be submitted if you can provide evaluation data that support the effectiveness of the project. Applications in this category should focus on a careful description of project planning strategies and the methods that will be used to evaluate project outcomes.

Project Exclusions

Collaborative funds <u>cannot be used</u> for the following:

- Conducting standard Co-CASA assessments at CHC or LHD clinics—which are required under the terms of existing subvention contracts.
- Developing *community-wide* immunization action plans, because the focus of these projects should be children who are particularly at risk and their providers.
- Providing basic patient education at clinic sites.
- Purchase of vaccines or general clinic supplies.
- Purchase of vans or other motor vehicles.
- Equipment purchases exceeding $25,000.
- Space or equipment rental in excess of five percent (5%) of the total dollar amount awarded.
- Clinic operation overhead.
- Funding for general, unspecified project coordination and nonspecific overhead costs.
- Indirect costs. However, fees charged by third party non-profit fiscal agents for managing the funds are permitted (maximum of 10%).
- Performing basic community outreach functions to the general population (e.g., distributing flyers and clinic schedules, staffing booths at health fairs, speaking to community groups, or other functions which, in general, are more appropriately funded out of County IAP or CHC contracts).
- Outreach to the business community or, in general, outreach to non-target audiences including general community door-to-door campaigns.
- Activities, including supervisory or managerial activities, not directly related to the proposal.

Application funding <u>is discouraged</u> for the following, unless appropriate justifications are made:

- Funding direct clinic services, including special and offsite clinics. Exceptions may include existing collaborative projects reapplying for funding for special clinics which have proven successful in effectively serving the target audiences (such as schools) and for new special clinics in areas that are clearly documented as medically underserved.
- Purchasing media services, except if targeting outlying areas not covered by statewide or national campaigns.
- Development of new health education materials, unless a specific need is identified for which materials aren't already available.
- General demographic research and research intended to identify knowledge, attitudes, and beliefs, unless this relates to a clearly defined problem in a specific "high risk" community.

APPLICATION GUIDELINES / FORMAT

The completed application must include all elements described below.

I. Cover Page

Please use the form provided in Appendix B. An electronic version of this form is available for download from http://www.dhs.ca.gov/ps/dcdc/izgroup/shared/IZBranchCollabProject.htm

Original signature(s) are required on at least one of the submitted copies.

II. Project Narrative

Please follow the format described below.

NOTE: Limit the Project Narrative section to a maximum of six single-spaced pages with at least a 12-point font and one-inch margins. The Cover Page and Budget Pages do not count in the page total.

A. PURPOSE / OBJECTIVES (20 Points)

PURPOSE: What do you plan to do and why? (short description; 1-2 sentences each)

1. What general problem(s) and/or need(s) will your proposed project address?
2. Why is this problem significant / important to address at this time?

OBJECTIVES: What are the specific, measurable objectives of the project you are proposing?

1. List the objectives for the project period. [Example: "By June 30, 2009, the Local Health Department and the Medical Society will improve the recordkeeping practices of 15 private providers by 25% as measured by the number of recommended techniques they adopted."]

B. CONTEXT/LITERATURE REVIEW/RATIONALE (20 Points)

CONTEXT: What is the current local context for the project you are proposing? Please state the source(s) for any numbers you provide.

1. Briefly describe the proposed service area including basic demographics (race / ethnicity, Socio-economic Status (SES), number of children aged 0-24 months or adolescents, etc.).

2. Briefly describe the existing immunization delivery systems in the area. Where do children 0-24 months and adolescents get their immunizations in your area? Who are their providers? What percentage of children and adolescents visit a primary care provider?
3. Who specifically will be served by your proposed project? Provide as much data as possible on the size of the target population, current immunization status of the target population, and the demographic and other characteristics which qualify the specified group(s) for inclusion in one of the approved target audience categories.

LITERATURE REVIEW: What has been tried before to address this particular problem / need?

1. What has already been tried locally or elsewhere? Summarize current efforts to increase immunization rates of the target population via public or private efforts, and describe how your project applications will supplement rather than supplant existing efforts.
2. Describe recent past efforts to address the problem and/or other existing data or published studies which would support the particular focus you have chosen.

RATIONALE: What are you going to do and why are you taking this approach?

1. Discuss the rationale for the proposed program or intervention: why is the project you are proposing a good approach, and/or why do you expect this approach to be successful?

III. Action Plan:

Who will do what, in what order and by what date? (25 Points)

1. Identify the steps that will be taken to accomplish each objective, which collaborator(s) will be responsible for carrying out each step, and the expected completion date and outcome for each objective. Please use the sample format provided for you in Appendix C.

IV. Evaluation/Sustainability (25 Points)

EVALUATION: How will you be able to tell if you are meeting your objectives?

1. Describe how you will evaluate the success or failure of each objective. Specify quantifiable outcome measures (e.g., changes in CASA rates or other measures of immunization coverage in the target population) to the extent possible.
2. Describe what data (or qualitative methods) you will obtain in order to complete the evaluation, the sources of this information, and the instruments that will be used for its collection.

SUSTAINABILITY: What will occur with the project after the IZB funding has ended?

1. What will continue after funding has ended? What new policies are expected to be in place?

What new partnerships will be continued? Will new resources be identified to continue and maintain the objectives and goals of the project?

V. Budget (10 Points)

Please use the forms provided in Appendix D.

Reminder: Types of activities which will <u>not</u> be funded are detailed in the "Project Exclusions" section on page 12.

1. Prepare a detailed 12-month budget for each project category[3], using the attached format (see Appendix D). The budget should include all personnel, fringe benefits, operating expenses, supplies, travel, and other expenses associated with the proposal. Indirect costs should not exceed 10% of the total budget. Separate pages should be included for each collaborator or other subcontractor who will receive funds from the project.
2. The budget justification must clearly indicate the role each of the items in the budget will play in carrying out the project.
3. Budget and budget justification are not included in six page narrative limit.

VI. Additional Required Materials

1. Attach a copy of the "Notice of Application" that you sent to potential stakeholders, with a complete "cc" list of recipients.
2. Attach signed letters of agreement from collaborators indicating their acceptance of the responsibilities described in the Project Narrative.

[3] When only one position is requested to perform a variety of projects (as has been the case in some rural areas), only one budget is needed. In these cases, separate budgets do not need to be calculated for each project category.

APPENDIX A
Notification Requirements Checklist

Notified?	Entity or Organization to be Notified
	The county / city Health Officer
	The county / city health directors of the Immunization Program, the Maternal, Child and Adolescent Health program(s) and the Child Health and Disability Prevention (CHDP) program
	The director of each community health center or clinic which serves any part of the proposed service area
	The county or regional medical society or the California Medical Association if no local medical society exists
	The nearest local chapter of the American Academy of Pediatrics and any other local society of pediatricians in the proposed service area
	The California Academy of Family Physicians and/or any local society of family physicians in the proposed service area
	The California chapter of the American College of Obstetricians and Gynecologists in the proposed service area
	Minority physician groups in the proposed service areas
	The California Nurses Association and/or local associations of nurses and/or nurse practitioners in the service area
	Local Women, Infants, and Children (WIC) Supplemental Nutrition program agencies in the proposed service area
	Local school (principal, teachers, school nurse), school district (superintendent), and school health center (if exists)
	Health plans/Medical Groups covering your targeted area/population
	Juvenile Detention Facilities
	Child Welfare Agency

APPENDIX B
Cover Page

California Department of Public Health
Immunization Branch
Collaborative Application Cover Page

Instructions: Please type in your project title then use the forward tab to advance to the next field. Use your mouse to click on and select a check box or press the space bar at the check box to select it.

Project Title:
County: Total Budget Requested:

➢➢➢ Original Signatures Required on at Least One Copy ➣➣➣

Lead Agency:
Address:

Contact Name:
Contact Title:
Contact Phone: - - Ext.
Contact E-mail:

This organization is *(check one)*: ☐ Public ☐ Private ☐ Community

My signature indicates that I have read the attached project narrative. I understand and accept the responsibilities described herein on behalf of my organization.

Signature: _____ Date:

Primary Collaborator:
Address:

Contact Name:
Contact Title:
Contact Phone: - - Ext.
Contact E-mail:

This organization is *(check one)*: ☐ Public ☐ Private ☐ Community

My signature indicates that I have read the attached project narrative. I understand and accept the responsibilities described herein on behalf of my organization.

Signature: _____ Date:

Fiscal Agent:
Address:

Contact Name:
Contact Title:
Contact Phone: - - Ext.
Contact E-mail:

This organization is *(check one)*: ☐ Public ☐ Private ☐ Community

My signature indicates that I have read the attached project narrative. I understand and accept the responsibilities described herein on behalf of my organization.

Signature: _____ Date:

(Check One)

Additional Collaborating Organizations	Public	Private	Community
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

APPENDIX C
Sample Format for Action Plan

Action Plan for _____ Project Date: _____

WHAT		HOW		WHEN	WHO	
Objective	Steps to Achieve the Objective	How will it be demonstrated that this step is complete?	How will outcome (success) be evaluated?	Expected Completion Date	Who is responsible for the completion of this step?	Who else will participate in this step?
Describe first objective here.	Step 1 description					
	Step 2 description					
Describe next objective here.	Step 1 description					
	Step 2 description					
	Step 3 description					
etc.						

APPENDIX D:

State of California-Health and Welfare Agency

Department of Public Health
Immunization Branch

Exhibit B
Budget

Application for Immunization Subvention Contract Funds

1. Applicants Name	2. Director of Project Name: _____
Organizational Unit	Title: _____
Street Address-PO Box	Degree: _____ Tel. # _____
City County Zip Code	FAX #: _____ Email: _____
3. Budget Period From: 07/01/08 To: 06/30/09	4. Type of Application ☐ New ☐ Renewal ☐ Continuation ☐ Supplement ☐ Revision
5. Amount Requested $_____	6. Financial Management Official: Name: _____ Title: _____ Address: _____ Phone: _____

CDPH 8312 (12/07)

CDPH 8312 (12/07)

Exhibit B
Budget
Page ___of ___ pages

FUNDING APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS

Applicant:
Budget Period From: 07/01/08 – 06/30/09

DETAILED LINE ITEM BUDGET FOR THIS PROJECT

I. Personnel Services	% of time or hours on project	Monthly salary range or hourly rate	Dollars required From California

Total Salaries & Wages:

II. Fringe Benefits @ _____%:

Total Personnel Services + Fringe Benefits:

CDPH 8312 (12/07)

Exhibit B
Budget
Page ___ of ___ pages

FUNDING APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS

Applicant:
Budget Period From: 07/01/08 – 06/30/09

DETAILED LINE ITEM BUDGET FOR THIS PROJECT

	Required from California
III. Operating Expenses	
1) Office Supplies	
2) Clinic Supplies	
3) Health education materials	
4) Printing	
5) Other (telecommunications & Postage)	
IV. Equipment Expenses (unit(s) which cost more than $5,000)	
V. Travel & Per Diem Expenses	
1) In-State travel	
2) Out-of-state travel	
TOTAL Operating Exp. + Equipment + Travel & Per Deim	
VI. Subcontracts (description(s) on Exhibit B, subcontract page(s)	
Total VI. SUBCONTRACTS	
VII. Other Costs	
TOTAL BUDGET = Personnel Costs+Fringe Benefits+Operating Exp.+Equipment+Travel+ Subcontracts+Other	

CDPH 8312 (12/07)

Exhibit B
Budget
Page ___ of ___ pages

FUNDING APPLICATION FOR IMMUNIZATION SUBVENTION CONTRACT FUNDS

Applicant:
Budget Period From: 07/01/08 – 06/30/09

VI. Subcontracts

Name of Subcontractor: _____
Name of Consulting Firm: _____
Contact Person: _____
Address: _____
City, State, & Zip Code: _____
Telephone #: _____
Federal Tax I.D. Number: _____

I. Personnel Services (List Positions)	% of Time or Number of Hours	Salary Range or Hourly Rate	Dollar Amount Requested From California

Personnel Services Subtotal: _____

Fringe Benefit Rate @: _____

Personnel Services subtotal: _____

II. Operating Expenses

Supplies _____

Health Education Materials _____

Travel _____

Equipment (unit(s) which cost more than $5,000) _____

Operating Expenses subtotal: _____

Subcontract Total = (I. Per. Services + Operating Exp.) _____

Note: A written justification of the above positions and operating expenses is required on attached Exhibit C – Budget Justification.

CDPH 8312 (11/98)

Exhibit C
Project Summary and
Budget Justification
Page 1 of ___ pages

APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION CONTRACT FUNDS

SHORT SUMMARY OF PROJECT (Not to exceed 200 words)

Name of Project Director:

Name and Address of Applicant Including Organizational Unit Responsible for Project Activity:

CDPH 8312 (11/98)

Exhibit C
Project Summary and
Budget Justification
Page 2 of ___ pages

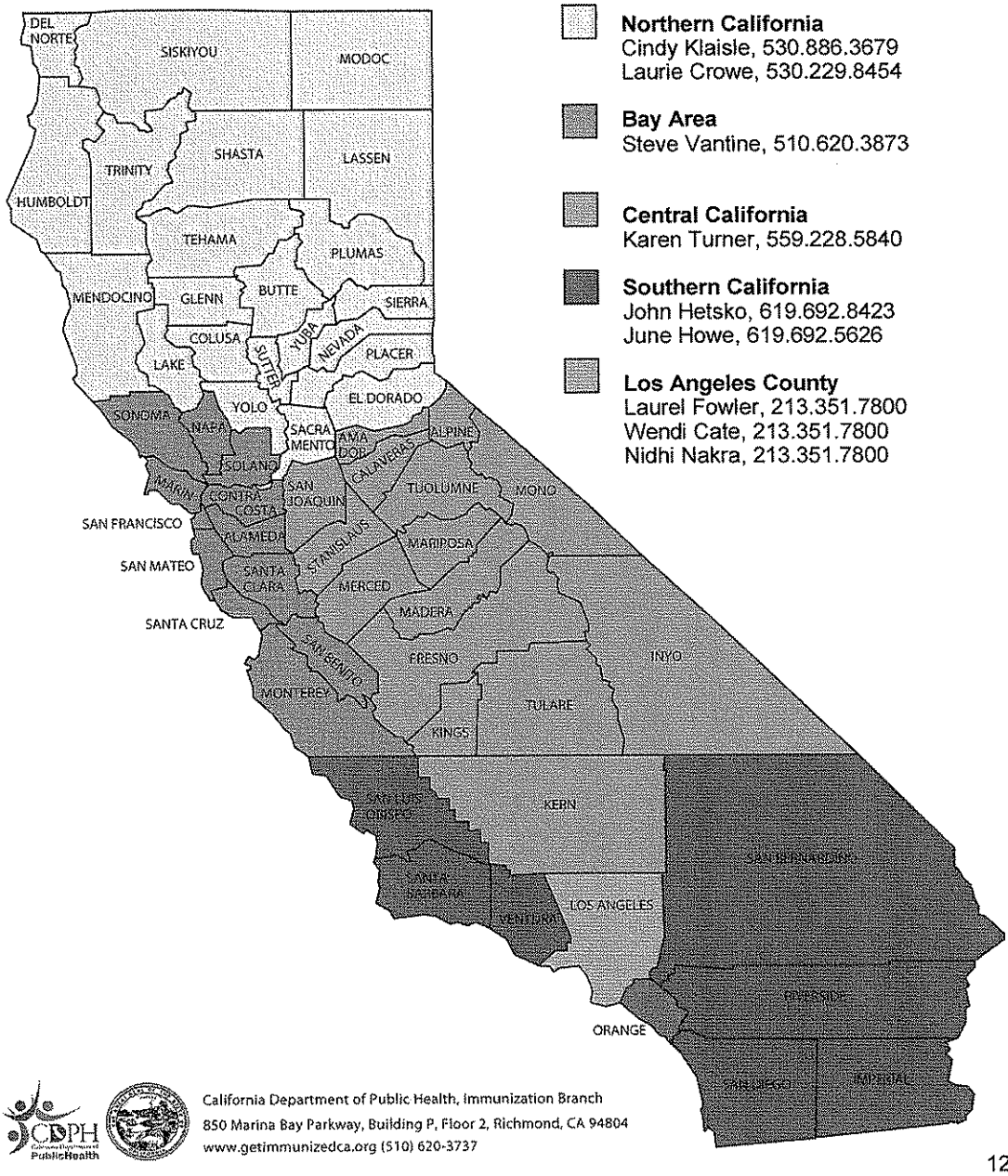
APPLICATION FOR IMMUNIZATION PROJECT SUBVENTION CONTRACT FUNDS

BUDGET JUSTIFICATION

(Please provide written justifications for all positions and operating expenses requested on Exhibit B Budget. If additional space is required, attach additional pages.)

APPENDIX E:

California DPH IZ Branch Field Rep Regions



Northern California
Cindy Klaisle, 530.886.3679
Laurie Crowe, 530.229.8454

Bay Area
Steve Vantine, 510.620.3873

Central California
Karen Turner, 559.228.5840

Southern California
John Hetsko, 619.692.8423
June Howe, 619.692.5626

Los Angeles County
Laurel Fowler, 213.351.7800
Wendi Cate, 213.351.7800
Nidhi Nakra, 213.351.7800

CDPH California Department of Public Health

California Department of Public Health, Immunization Branch
850 Marina Bay Parkway, Building P, Floor 2, Richmond, CA 94804
www.getimmunizedca.org (510) 620-3737

12/07